



**APPLICATION FOR
HEARING INSTRUMENT FITTER/DISPENSER
EXAMINATION**



Please type or print clearly. It is the responsibility of the applicant to complete this application. Failure to do so could result in a delay in setting the examination date.

PART I – PERSONAL INFORMATION Note: Type or print with black pen.

Last Name _____

First Name _____

Middle Initial or Name _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

Phone () _____ E-Mail _____

PART II – DATES AND SITES OF EXAMINATION

The examination for Hearing Instrument Fitter/Dispensers will be given four times during the year 2006. Please place a checkmark in the box next to the date you wish to sit for your examination.

2006

☐ March 14, 2006 – Tacoma

☐ June 13, 2006 – Spokane

☐ September 12, 2006 – Tacoma

☐ December 5, 2006 – Spokane

Confirmation of your examination reservation will be sent to you upon receiving the application form.

APPLICATIONS MUST BE RECEIVED AT LEAST 45 DAYS PRIOR TO EXAMINATION DATE.

The will be no exceptions for late applications.

PART III – FEES FOR EXAMINATION

EXAMINATION – The fee for taking the examination is **\$195.00** and must accompany your application. In the event a valid reason is given for not taking the examination on the requested date another date will be set.

Application and fees must be sent to:

INTERNATIONAL INSTITUTE FOR HEARING INSTRUMENTS STUDIES

16880 Middlebelt Road, Suite #4

Livonia, MI 48154

734-522-7200

FOR OFFICE USE ONLY

Date Received _____

Registration Fee Received _____

Date Eligibility Letter and Candidate Manual Sent _____